FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

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Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P00000016340 1. Entity Name LANDING CREW SERVICE INC. 02-19-2002 90122 028 ***158.75 Principal Place of Business Mailing Address 2189 WEST 60TH STREET 2189 WEST 60TH STREET **SUITE #205 SUITE #205** HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991274 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FANO, TANIA** Street Address (P.O. Box Number is Not Acceptable) 2189 WEST 60TH STREET **SUITE #205** HIALEAH FL 33016 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Paesident TITLE ☐ Delete ☐ Addition NAME FANO, TANIA NAME TANIA FANO 2189 W 60st Suite 205 STREET ADDRESS 2189 WEST 60TH STREET SUITE #205 STREET ADDRESS 330/6 CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP Higleah FL ☐ Delete vice President TITLE ☐ Change Addition 2 Jose E. Fano 2189 w 60st. Suite 205 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hig leah CITY-ST-7IP TREA SURER TITLE Addition ☐ Delete TITLE Change JOSE E. Fano NAME NAME 2189 W 60 ST. Svite 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hig lea h TITLE ☐ Delete TITLE Change SECRETO RY ☐ Addition NAME NAME Tania Facho Suite 205 w 60 st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Higleah 33016 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enhouse of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if